

We've Got You Covered!

HAP COVERAGE:

PREVENTIVE SERVICES:

Preventive Office Visits
Periodic Physical Exams
Well Baby/Child Exams
Immunizations
Routine Eye and Hearing Exams
Related Lab Tests and X-Rays
Pap Smears and Mammograms

\$10 copay per visit

OUTPATIENT & PHYSICIAN SERVICES: \$10 office visit copay may apply

Office Visits
Allergy Testing and Injections
Other Injections
Lab Tests & X-Rays
Outpatient/Office Surgery & Related Services
Radiation/Chemotherapy
Family Planning Services
Infertility and Related Services
Physical, Speech and Occupational Therapy

Up to 60 visits per condition lifetime

INPATIENT HOSPITAL SERVICES:

Days of Care Unlimited
Semi-Private Room (Specialty Care Units; Covered when medically necessary)
Surgery and Related Services Covered
Anesthesia Covered
Related Lab Tests & X-Rays Covered
Related Therapy Services Covered
Physician/Professional Services Covered

HOME HEALTH CARE:

Home Health Care (by RN or LPN) Covered
Hospice Care Covered; 210 days lifetime

MATERNITY SERVICES:

Outpatient Prenatal and Postnatal Care \$10 copay per visit
Labor and Delivery Covered
Newborn Care in Hospital Covered

EMERGENCY/URGENT CARE:

Covered in any hospital or urgent care facility when unable to reach a HAP facility; usually billed directly to HAP

Emergency Room Services \$50 copay per visit
Urgent Care Facility Services \$10 copay per visit
Emergency Ambulance Covered

HAP COVERAGE:

CHEMICAL DEPENDENCY SERVICES:

Inpatient Services 45 days, renewable after 60 days or state mandated annual aggregate dollar amount, whichever is greater

Outpatient Services \$10 copay per visit; 35 visits per member per calendar year or state mandated annual aggregate dollar amount, whichever is greater

MENTAL HEALTH SERVICES:

Inpatient Services 45 days, renewable after 60 days

Outpatient Services \$10 copay per visit; 20 visits per member per calendar year

ADDITIONAL BENEFITS:

Prescription Drugs, including Birth Control Pills \$5 generic / \$10 brand name copay per prescription

Durable Medical Equipment (Wheelchairs, Special Beds, etc.) Covered for authorized equipment

Prosthetic Appliances Covered for authorized equipment

Orthotic Devices (Special Back Braces, etc.) Covered for authorized equipment

Hearing Aids Covered for authorized conventional hearing aids.

Skilled Nursing Care in Convalescent Facility Up to 730 days, renewable after 60 days

Assisted Reproductive Technologies One attempt of artificial insemination per lifetime.

Health Alliance Plan of Michigan

Metro Detroit area: (313) 872-8100



BC 01/03

Students away from school are covered for acute illness and injury related services according to HAP criteria. Students away at school are not covered for routine physicals, non-emergency psychiatric care, elective surgeries, obstetrical care, sports medicine and vision care services. This is a summary of coverages, and is subject to the terms and conditions of your actual contract. In case of conflicts between this summary and your contract, the terms and conditions of the contract govern.

This page was printed directly from www.hap.org